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FROM: Michael R. Ward
Reg. No. 38,651**DATE:** July 20, 2007

Number of pages with cover page:	11	Preparer of this slip has confirmed that facsimile number given is correct: 9354/lmk2
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Comments:

RE: U.S. Application Serial No. 10/701,990 Filed: November 4, 2003
For: DEUTERATED GLUCOSE OR FAT TOLERANCE TESTS FOR HIGH-
THROUGHPUT MEASUREMENT OF THE METABOLISM OF SUGARS
OR FATTY ACIDS IN THE BODY
Inventors: Marc K. HELLERSTEIN
Art Unit: 1657
Examiner: R. J. Gitomer
Our Reference: 416272005200

ATTACHMENTS

1. Transmittal - 1 page
2. Fee Transmittal, in duplicate for fee processing - 2 pages
3. Amendment, Response to Office Action - 5 pages
4. Attachment A - 1 page
5. Petition for Extension of Time (3-months) - 1 page

COMMENTS:

Please see attached. Thank you.

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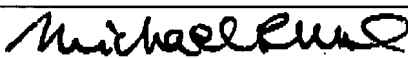
PTO/SB/21 (09-04)

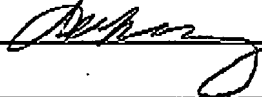
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/701,990
		Filing Date	November 4, 2003
		First Named Inventor	Marc K. HELLERSTEIN
		Art Unit	1657
		Examiner Name	R. Gitomer
Total Number of Pages in This Submission	10	Attorney Docket Number	416272005200

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form, in duplicate for fee processing - (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Attachment A (1 page) 2. Facsimile cover sheet, not included with this page count.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael R. Ward		
Date	July 20, 2007	Reg. No.	38,651

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Dated: July 20, 2007	Signature:  (Leah Kjellen)

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